File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

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	100	2.5	
000		ME	191

Des Moines, Iowa 50319 Fax: 515-281-4073		IS, SEE BACK OF FORM SUMMARY PAGE		NII PM	er e fa
COMMITTEE NAME (Must be	same as on Statement of Organ	nization)		PA	1:31
В	uilding on Traditiion			DR-2	DISCLOSURE
(1)Statewide/Legislative/Judge S (4)County Central Committee (5	PAC (9)City PAC (10)School		ial Con		
Candidate Name	, , , , , , , , , , , , , , , , , , ,	Political Party (if applicable)	Sca	nned	
Office Sought		District (if Senate or House)			
	hairperson, for any other type of o	rsuant to lowa Code sections 688.3: committee, is the individual responsi <u>712-253-6473</u> TELEPHONE	ble for filing t		Tale reports
I AM FILING A 1/19/08 (rej	port date)	REPORT FOR (1) ELECTION Indicate by		LECTION YEA	AR.
□CHECK IF AMENDMENT TO	REPORT DATED		Local Comm	nittees, enter Dat	te of Election
Check if this is final (termina (You must continue to	tion) report and attach Notice of file reports until a DR-3 is filed.	f Dissolution Form DR-3.)	County & Lo which Election		enter County in
CASH ON HAND at the beginni	unt MUST be the same as the o	al of all funds held by the	\$	930	.46
ADD TOTAL MONEY	TAKEN IN THIS PERIOD				Ø_
	· · · · · · · · · · · · · · · · · · ·	ule A) (*also see in-kind below)		780	
		F)		- 6	-
		ch Schedule H)	******		
(Schedule H	l applies to Candidates' Comm	<u>nittees Only)</u> SUB-TOTAL	\$	1400).46).46
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD			1.10	111
Schedule B: Expendit	tures total (Attach Schedule B)	(**also see debts and loans below)		1410	1.46
Schedule F: Loan Re	payments total (Attach Schedul	e F)	•••••		}
CASH ON HAND at the end of	this reporting period (if final rep	ort balance must be zero)	\$	- £)
UNPAID BILLS (From Sched	ule D - Attach Schedule D)	*************************************	\$	CONT	·
"IN KIND CONTRIBUTIONS (F	From Schedule E - Attach Sched	iule E)	\$		
**OUTSTANDING LOANS (Fro	m Schedule F - Attach Schedul	e F)	\$		
CONSULTANT BREAKDOWN	(Schedule G Altached?)			_YES	NO
CANDIDATE COMMITTEES O		ch Schedule H)	 \$		
			-	······	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization BUILDING ON TRADITION	on)		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER.	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/10/00	f	Susan logsdn	: : : :	*100°	
10/26/09	ID#	Jesse Pedism		1000	
192407	ID# CK#	Pam Hinds	:	1000	
1dzd07	ID# CK#	Brian Mesz		100	
192d07	ID# CK#	Pat Worde Kemper		1000	
192407		Bill Hay		1000	
1dzy07	ID# CK#	Eric Ricke	w -	1000	
Wzyloz	CK#	Brad Carlon		1000	
1926/07	CK#	Kim Pathman		10	
	ID# CK#				
	•		SUB-TOTAL	1909	

TOTAL (if last page of this schedule)

Page 2 of 2 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
BUILDING ON TRADITION

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NOING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE KNWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CALITION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11/8/08	ID#	Tray Fluent		\$ 50°	
1/7/07	CK#	Chard Shook		2000	
4/7/07	ID#	Rener Eipes :		300	
14/10/07	ID#	Tony Zillian		1000	
11/10/07	ID# CK#	Dixie Wulb	:	200	
ulolon	ID#	Ron Lewon		600	
1/10/07	ID# CK#	Dave Junge		20	
•	ID# CK#			• 1	
	ID# CK#				
	ID# CK#				
	:	TOTAL (ff last pag	SUB-TOTAL e of this schedule)	\$ 300°	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surmanne of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

FOR INSTRUCTIONS.	SEE BACK	OF FORM
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D	T
K PRPT	Form:
	T CITTE

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be :	same as on Statement of Organization)		
$oxed{f}$	Kilding	on Tradition		
DATE EXPENDED (MM/DD/YR)	CANDIDATE/ ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	CK# 2008	L-B School	Finish to closent	\$144.66
11/19/07		Adabt Jenice Pry	Signs yards	239.11
	CK# 2005	Jenice Pry	Signa-fr yards + banners	4800
12/7/07	ID# 2006 CK#			438.70
1/8/08	ю# ск# 2007			10800
	ID# CK#			
	ID# CK#			
	ID# CK#			·
			SUB-TOTAL	\$ 140.48
			TOTAL (if last page of this schedule)	\$1410.46

THIS BOX	APPLIES TO CANDID	ATES' COMMITTE	ES ONLY:		. !	:		
Purchases of	f certain campaign prop	erty costing \$500 or	more must also i	e inventoried on Schedule	H. (Refer to Sch	nedule H instru	ctions.)	
ACHEOME C	to persons/entities proby by the amount, purpose instructions and lowa Co	, and date of each ty	vertising, fund-ra pe of expenditure	ising, polling, managing, or e made by the person/entity	ganizing services y on behalf of the	must also be candidate's co	detail itemize ommittee. (R	ed on efer to
						Page	of	

(for Schedule B)